

Case Number:	CM14-0010919		
Date Assigned:	02/21/2014	Date of Injury:	01/01/2005
Decision Date:	06/25/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Acupuncture, has a subspecialty in Oriental Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female patient with chronic neck and lower back pain complaints. Diagnoses included chronic cervical and lumbar sprain and strain. Previous treatments include oral medication, physical therapy, 60 visits of acupuncture over 5 years, and work modifications, amongst others. As the patient continued symptomatic, a request for additional acupuncture was made on 12/28/13 by the primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

10 TOTAL SESSIONS OF ACUPUNCTURE, 2 X PER WEEK FOR 2 WEEKS, THEN 1 X PER WEEK FOR 6 WEEKS, TO TREAT THE NECK AND LOW BACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACUPUNCTURE MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: The Acupuncture Medical Treatment Guidelines note that functional improvement should be produced within 3-6 treatments. The guidelines also states that extension

of acupuncture care could be supported for medical necessity if functional improvement is documented as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. The patient underwent acupuncture in the past with objective improvements documented, especially in the area of activities of daily living. Consequently, additional acupuncture could be supported for medical necessity. However, ten additional sessions of acupuncture exceed the guidelines recommendation, and there are no extraordinary circumstances documented to justify deviating from the guidelines. As such, the request is not medically necessary.